# MWR

MORBIDITY AND MORTALITY WEEKLY REPORT

- 677 Trends in Human Immunodeficiency Virus Infection among Civilian Applicants for Military Service – United States, October 1985–March 1999
- 679 Renal Agenesis Surveillance United States

# **Current Trends**

# Trends in Human Immunodeficiency Virus Infection among Civilian Applicants for Military Service — United States, October 1985—March 1988

Since October 1985, the U.S. Department of Defense has routinely tested civilian applicants for military service for serologic evidence of infection with human immunodeficiency virus type 1 (HIV-1).

From October 1985 through March 1988, 1,525,869 recruit applicants were tested; presence of HIV-1 antibody was confirmed by enzyme immunoassay and Western blot in 2152 (1.4 per 1000). During this period, seroprevalence rates based on 6-month intervals decreased from 1.5 to 1.2 per 1000 applicants (Table 1).

Between the first and last intervals, seroprevalence rates showed a statistically significant decrease among male recruit applicants. During the same time period, prevalence of HIV-1 antibody remained unchanged among female applicants (Table 1). Overall, the number of applicants for military service decreased by approximately 12%.

Reported by: MR Peterson, LT COL, USAF (BSC), J Bircher, PhD, Office of the Assistant Secretary of Defense (Health Affairs), Washington, DC. AIDS Program, Center for Infectious Diseases, CDC. Editorial Note: Applicants for U.S. military service constitute a geographically diverse group of young, apparently healthy persons who are systematically tested for evidence of HIV-1 infection. The interpretation of seroprevalence trends in this group is complicated by two important considerations. First, social and demographic characteristics of military applicants differ from those of the U.S. civilian population in the same age groups. Males and racial and ethnic minorities are overrepresented among applicants, while certain groups at high risk for HIV-1 infection, including homosexual men and intravenous (IV)-drug users, are subject to exclusion from military service. Second, characteristics of the applicant population have probably changed over time because of increased self-deferral of persons who suspect that they have been exposed to HIV-1.

Seroprevalence among military applicants was reported to be stable after the first 6, 15, and 24 months of testing (1–4). However, these data are derived from a series of cross-sectional surveys. Direct measurement of incidence of HIV-1 infection is possible only in cohort studies, which detect new infections in a specified population over time. For example, among several cohorts of homosexual and bisexual men,

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incidence of HIV-1 infection has decreased (4). For other groups, such as IV-drug users and heterosexually active persons, comparable data are not available.

The apparent decrease in seroprevalence among military recruit applicants is limited to males. This trend probably reflects increasing self-deferral among high-risk males, as well as other factors. The stable seroprevalence rate among female applicants is consistent with the possibility that women may be less aware of their risk for HIV-1 infection and thus less likely to self-defer. Risk factor information for seropositive recruit applicants will assist in interpreting these observations.

The 50% decline in seroprevalence among white males, who constitute nearly two thirds of recruit applicants, dominates the observed trend for all applicants. Because the dynamics of the HIV-1 epidemic differ among demographic subgroups, it is

TABLE 1. HIV-1-antibody seroprevalence in civilian applicants for military service — United States, October 1985–March 1988

			Sero-	Seropr					
Group	No. tested	No. positive*	prevalence (per 1000)	10/85- 3/86	4/86- 9/86	10/86– 3/87	4/87- 9/87	10/87- 3/88	p value <sup>†</sup>
Total <sup>5</sup>	1,525,869	2,152	1.4	1.5	1.5	1.5	1.3	1.2	<0.001
Region									
Northeast	259,732	573	2.2	2.4	2.4	2.3	2.0	1.8	< 0.05
North Central	401,543	298	0.7	8.0	0.7	8.0	8.0	0.5	NS
South	558,106	868	1.6	1.6	1.8	1.6	1.3	1.5	NS
West	289,990	339	1.2	1.4	1.2	1.2	1.2	8.0	< 0.01
U.S. territories	13,486	74	5.5	7.3	4.6	8.4	3.0	3.5	NS
Age group (yrs	)								
17–19	796,851	307	0.4	0.4	0.4	0.3	0.4	0.3	< 0.05
20–24	470,577	869	1.8	1.8	2.0	2.0	1.8	1.5	NS
25-29	150,768	601	4.0	4.6	4.0	4.1	3.2	3.8	< 0.05
≥30	107,673	375	3.5	4.3	3.2	3.8	3.0	3.3	NS
Males									
All <sup>¶</sup>	1,314,646	2,008	1.5	1.7	1.7	1.6	1.4	1.2	< 0.001
Black	228,142	1,024	4.5	4.6	5.1	5.1	3.6	4.0	< 0.01
Hispanic	63,488	144	2.3	2.4	2.0	3.1	2.0	1.8	NS
White	978,519	753	0.8	1.0	0.8	0.7	8.0	0.5	< 0.001
Females									
All <sup>¶</sup>	211,222	144	0.7	0.7	0.7	0.6	0.7	0.8	NS
Black	58,220	96	1.6	1.6	1.4	1.8	1.6	2.0	NS
Hispanic	7,781	4	0.5	**	**	**	**	**	**
White	138,219	39	0.3	0.3	0.3	0.1	0.4	0.3	NS

<sup>\*</sup>Repeatedly reactive enzyme immunoassay confirmed by Western blot.

<sup>&</sup>lt;sup>†</sup>Chi-square test for trend; NS indicates p>0.05.

<sup>&</sup>lt;sup>5</sup>Includes 3012 applicants from regions other than those shown and 1 applicant with sex unknown (all seronegative).

Includes groups other than black, white, or Hispanic.

<sup>\*\*</sup>Insufficient data.

#### HIV - Continued

important to monitor subgroup-specific trends in seroprevalence among military applicants (5,6). These data will permit comparisons with those from other screened volunteer populations (e.g., blood donors and Job Corps entrants), as well as from surveys of populations less subject to self-selection biases (e.g., hospital patients and childbearing women) (7,8).

### References

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# Renal Agenesis Surveillance - United States

Based on data from the Birth Defects Monitoring Program (BDMP)\*, since 1970, the reported prevalence of kidney defects coded under the International Classification of Diseases (ICD) code 753.0 has increased threefold in the United States (Figure 1). To determine whether this reflected a true increase or resulted from a change in detection or reporting practices, CDC evaluated information about cases from 590 (88%) of 674 hospitals reporting to the BDMP at least one newborn with a kidney defect coded as 753.0 from 1970 through 1983. During 1970–1978, this code was classified only as renal agenesis—the congenital absence of one (unilateral) or both (bilateral) kidneys—and during 1979–1983, as renal agenesis and dysgenesis (abnormal kidney formation). This evaluation showed that the increase in reported cases of renal agenesis actually reflected changes in reporting of other renal anomalies. These findings have implications for surveillance of birth defects and suggest that differences may exist between actual clinical diagnoses and the coding of these medical conditions.

Newborns with bilateral renal agenesis have low-set, floppy ears, a broad, flat nose, and underdeveloped lungs. These newborns often die of respiratory failure

<sup>\*</sup>The BDMP, initiated by CDC in 1974, is a surveillance system for monitoring birth defects in newborns. The system comprises two data bases: the Commission on Professional and Hospital Activities (CPHA), which contains data since 1970, and the McDonnell Douglas Health Information System (MDHIS), which has data available since 1982.

## Renal Agenesis - Continued

within a few hours of birth. Lungs of infants with at least one functional kidney usually develop normally; thus, unilateral renal agenesis is often not detected during the perinatal period.

The cases in this evaluation included 1404 newborns with an ICD code of 753.0. Participating hospitals provided copies of the discharge summary, pathology reports, and x-ray reports. For 966 (69%) of the infants, hospital reports supported the diagnosis of renal agenesis or renal dysgenesis. Of these, 468 (48%) had bilateral renal agenesis, 105 (11%) had one agenic and one dysgenic kidney, 229 (24%) had bilateral renal dysgenesis, 136 (14%) had unilateral renal agenesis, and 28 (3%) had unilateral renal dysgenesis.

For the 14-year period 1970–1983, clinical reports of anomalies coded to 753.0 showed the following trends: 1) the annual frequency of bilateral renal agenesis varied considerably but appeared to increase slowly; 2) the prevalence at birth of one

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TABLE I. Summary - cases of specified notifiable diseases, United States

	44	th Week End	ing	Cumulati	ve, 44th We	ek Ending
Disease	Nov. 5, 1988	Nov. 7, 1987	Median 1983-1987	Nov. 5, 1988	Nov. 7, 1987	Median 1983-1987
Acquired Immunodeficiency Syndrome (AIDS)	1,019	U*	167	26,180	16,492	6,644
Aseptic meningitis	168	226	279	5,597	9,833	9,132
Encephalitis: Primary (arthropod-borne						
& unspec)	10	38	38	654	1,129	1,118
Post-infectious	-	-	2	108	89	92
Gonorrhea: Civilian	13,455	13,606	17,568	587,497	655,050	753,158
Military	271	209	295	9,886	13,556	17,867
Hepatitis: Type A	618	378	474	21,564	20,743	19,221
Type B	398	434	553	18,890	21,399	21,861
Non A, Non B	50	46	87	2,142	2,531	3,021
Unspecified	49	50	120	1,913	2,644	4,308
Legionellosis	13	14	24	795	817	643
Leprosy	_3	:	.5	136	175	205
Malaria _	30	6	17	849	778	850
Measles: Total <sup>†</sup>	27	16	16	2,468	3,503	2,606
Indigenous	17	15	15	2,207	3,086	2,178
Imported	10	_1	_3	261	417	302
Meningococcal infections	57	58	50	2,399	2,464	2,284
Mumps	38	102	66	3,911	11,213	2,809
Pertussis	43	44	44	2,368	2,155	2,155
Rubella (German measles)	1	2	_ 6	184	318	583
Syphilis (Primary & Secondary): Civilian	728	590	590	34,177	29,989	23,618
Military	3	6	6	137	141	143
Toxic Shock syndrome	4	3	. 7	296	286	321
Tuberculosis	422	407	407	17,922	17,949	18,024
Tularemia	1 4	2	3	165	178	178
Typhoid Fever	5	9	6	322	285	307
Typhus fever, tick-borne (RMSF)	7	77	10	588	571	712
Rabies, animal	72	77	101	3,657	4,063	4,654

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1988		Cum. 1988
Anthrax Botulism: Foodborne (Calif. 1) Infant (Conn. 1) Other	23 30 3	Leptospirosis (Hawaii 1) Plague Poliomyelitis, Paralytic Psittacosis	41 14 1 77
Brucellosis (Ohio 1, Mo. 1, Tex. 1)	57	Rabies, human	
Cholera (Ga. 1, Calif. 1)	6	Tetanus (Upst. N.Y. 1, Fla. 1, La. 1)	48
Congenital rubella syndrome Congenital syphilis, ages < 1 year Diphtheria	302 -	Trichinosis (Upst. N.Y. 1)	39
		I	

<sup>\*</sup>Because AIDS cases are not received weekly from all reporting areas, comparison of weekly figures may be misleading.

\*\*Tone of the 27 reported cases for this week was imported from a foreign country or can be directly traceable to a known internationally imported case within two generations.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending November 5, 1988 and November 7, 1987 (44th Week)

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-		Aseptic	Encephalitis		Gonorrhea		He	epatitis (\	/iral), by 1	type	Logicas'		
Reporting Area	AIDS	Menin- gitis	Primary	Post-in- fectious		ilian)	Α	В	NA,NB	Unspeci- fied	Legionel- losis	Leprosy	
	Cum. 1988	Cum. 1988	Cum. 1988	Cum. 1988	Cum. 1988	Cum. 1987	Cum. 1988	Cum. 1988	Cum. 1988	Cum. 1988	Cum. 1988	Cum. 1988	
UNITED STATES	26,180	5,597	654	108	587,497	655,050	21,564	18,890	2,142	1,913	795	136	
NEW ENGLAND	1,055	356	24	4	18,493	20,206	721	1,005	109	79	46	15	
Maine	26	19	2	-	345	584	18	48	5	1	4	-	
N.H.	34	38	1	3	226	343	40 14	64 34	9 6	4	4 3	-	
Vt. Mass.	10 584	24 147	7 8	1	102 6,233	196 7.089	344	628	71	55	32	14	
R.I.	68	77	-	:	1,715	1,852	78	71	10	-	3	1	
Conn.	333	51	6	-	9,872	10,142	227	160	8	15	-	-	
MID. ATLANTIC	8,743	611	52	4	92,778	102,600	1,573	2,700	161	266	191	8	
Upstate N.Y.	1,123	335	33	1	13,484	14,941	657 304	657	63 16	19 198	74 40	7	
N.Y. City N.J.	4,847 2,055	117 61	8 11	3	38,890 13,254	54,077 13,994	304	1,134 620	56	35	40	í	
Pa.	718	98	":	-	27,150	19,588	281	289	26	14	37	-	
E.N. CENTRAL	1.878	925	163	13	99,345	100,517	1,428	2,006	191	104	180	4	
Ohio	411	337	55	3	22,640	22,548	290	459	30	17	70	-	
Ind.	80	89	18		7,321	8,068	142	286	19	20	20	-	
III.	896 399	87 367	32 42	10	29,971 31,854	29,372 31,773	439 352	438 593	67 51	27 37	54	3	
Mich. Wis.	92	45	16		7,559	8,756	205	230	24	3	36	1	
W.N. CENTRAL	628	236	48	11	24,867	26,678	1,200	866	94	31	65	1	
Minn.	134	230	11	3	3,404	3,994	89	116	19	3	3	-	
lowa	37	35	9	3	1,858	2,567	43	77	13	2	16	-	
Mo.	328	97	1	-	14,232	14,071	724	512	43 3	16 5	17 1	•	
N. Dak. S. Dak.	4 7	5 18	4 5	2	145 432	254 527	6 15	11 4	2	-	14	-	
Nebr.	33	11	10	2	1,367	1,733	46	40	2	-	5	-	
Kans.	85	41	8	1	3,429	3,532	277	106	12	5	9	1	
S. ATLANTIC	4,626	1,195	98	40	165,897	172,430	2,028	3,896	331	288	122	1	
Del.	62	39	3	-	2,597	2,910	44	125	7	4	13	1	
Md. D.C.	497 420	174 17	8 1	3 1	17,406 12,445	19,548 11,541	252 16	592 38	38 3	24 1	17 1		
Va.	328	150	32	4	12,086	12,680	326	270	66	194	10	-	
W. Va.	16	34	22	-	1,166	1,241	14	62	4	3		-	
N.C.	248	147	21	1	23,013	25,282 13,594	278 39	707 456	79 11	5	31 22	-	
S.C. Ga.	152 620	21 137	1	2	13,198 31,430	30,788	535	543	13	6	18	-	
Fla.	2,283	476	10	29	52,556	54,846	524	1,103	110	51	10	-	
E.S. CENTRAL	657	378	59	8	47,217	49,527	683	1,221	162	14	46	2	
Ky.	85	129	19	1	4,786	4,968	453	242	56	2	19	•	
Tenn.	293 180	46	15 25	2	16,227	17,388 15,720	149 49	549 318	39 57	11	8 13	2	
Ala. Miss.	99	153 50	25	5	14,295 11,909	11,451	32	112	10	1	6	-	
W.S. CENTRAL	2,295	685	76	3	63,513	74,258	2,643	1,746	185	471	21	28	
Ark.	2,295 75	14	/6 5		6,326	8,424	301	94	4	17	4	-	
La.	318	108	22	1	12,504	12,801	132	313	25	16	6	1	
Okla.	100 1.802	63 500	5 44	2	6,013	8,072 44,961	436	152 1,187	41 115	25 413	11	27	
Tex.	•				38,670		1,774				-		
MOUNTAIN Mont.	762 11	202 4	26	3	12,636 364	17,245 482	2,870 36	1,395 49	224 10	155 4	41 2	1	
Idaho	9	1	-		291	607	122	97	7	4	-	-	
Wyo.	6	2	-	-	178	378	5	12	3	-	3	-	
Colo.	282 41	68 21	3	:	2,744	3,896	194	173	63	70	8 4	1	
N. Mex. Ariz.	245	65	11	1	1,255 4,651	1,893 5,792	477 1,572	208 551	18 66	1 49	16	-	
Utah	55	24	4	i	457	528	261	106	36	18	3	-	
Nev.	113	17	5	-	2,696	3,669	203	199	21	9	5	-	
PACIFIC	5,536	1,009	108	22	62,751	91,589	8,418	4,055	685	505	83	76	
Wash.	342	-	7	4	5,752	7,629	1,917	724	169	60	19	6	
Oreg. Calif.	155 4,926	891	96	18	2,704 52,866	3,451 78,359	1,152 4,845	497	73 432	21 413	1 60	1	
Alaska	16	23	3	-	902	1,428	4,845 492	2,734 50	432 6	413	60	57 1	
Hawaii	97	95	2	-	527	722	12	50	5	5	3	11	
Guam	1	-	-	_	122	175	9	13	_	2	1	5	
P.R.	1,200	67	4	1	1,122	1,705	50	233	40	39	:	3	
V.I.	32	-	-	-	353	240	1	6	2	-	•	•	
Amer. Samoa C.N.M.I.	-	-	-	•	65 39	70	3 1	2	-	5 4	-	2	
O., 4.141.1.	-	-	-	-	39	-	ı	3	-	4	-	1	

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending November 5, 1988 and November 7, 1987 (44th Week)

		1000	mber	J, 13	700 a	140	vembe	7, 1	30/ (	44tii	vvee	K)			
	Malaria				ies (Rubeola)		Menin- gococcal	Menin- gococcal Mumps			Pertuss	is	Rubella		
Reporting Area	Cum.	<del>                                     </del>	enous Cum.	<del></del>	Cum.	Total Cum.	Infections Cum.								
	1988	1988	1988	1988	1988	1987	1988	1988	Cum. 1988	1988	Cum. 1988	Cum. 1987	1988	Cum. 1988	Cum. 1987
UNITED STATES	849	17	2,207	10	261	3,503	2,399	38	3,911	43	2,368	2,155	1	184	318
NEW ENGLAND	66	•	83	-	52	280	206	-	118	2	161	148	-	9	1
Maine N.H.	3 3	-	7 67	-	44	3 162	9 23	-	106	-	13 47	28	-	-	1
Vt.	4	-	-	-	-	26	15	-	5	-	4	37 4	-	5	-
Mass. R.I.	33 6	-	2	-	2	65 2	91 21	•	7	-	60	50	-	3	
Conn.	17	-	7	:	6	22	47		-	2	15 22	3 26	-	1	-
MID. ATLANTIC	148	-	811	1	49	582	250	1	324	3	175	255	_	14	12
Upstate N.Y.	36	-	19		18	40	118	1	96	3	103	151	-	2	10
N.Y. City N.J.	79 11	-	46 217	1†	6 11	463 39	59 63	•	101	-	5	8	-	7	1
Pa.	22	-	529		14	40	10	-	44 83	-	8 59	16 80	-	3 2	1
E.N. CENTRAL	43	-	139	9	57	365	335	8	793	1	233	244	1	31	38
Ohio Ind.	10	-	2	9§	32	5	120		113	-	49	68	:	1	-
III.	3 2	-	57 56	-	16	185	26 70	4	72 292		72	16	-	-	
Mich.	23		24	-	5	29	70 79	4	292	1	44 34	16 46	1	26 4	27 9
Wis.	5	-	-	-	4	146	40	-	110	-	34	98	-	-	2
W.N. CENTRAL	17	-	11	-	2	230	87	4	137	_	121	129	-	2	2
Minn. Iowa	5	-	10	-	1	39	19	:		-	49	13	-	-	-
Mo.	2 6	-	1	:	1	189	32	1 2	34 36	-	29	55	-	-	1
N. Dak.	-	-	:	-		1	-	-	30	-	20 11	31 12	-	-	-
S. Dak.	:	-	-	-	-	-	4	-	1	-	5	3	-	-	
Nebr. Kans.	1 3	-	-	-	-	1	12	:	11	-	-	. 1	-	-	•
S. ATLANTIC			-	-			20	1	55	-	7	14	-	2	1
Del.	110 1	-	374	-	20	159 32	414 2	2	643	11	234 7	294 5	-	17	18
Md.	17	-	11	-	3	7	49	-	129	7	44	17	-	1	2 3
D.C.	12	-		-	-	1	8	-	249	-	1	-	-	-	1
Va. W. Va.	18 3	-	198 6	-	2	1	45 7	-	134	-	21	50	-	11	1
N.C.	13	-	-	-	5	5	66	1	15 51	3	8 65	39 117	-	-	1
S.C.	10	-	-	-	-	2	35	1	6	-	1	-	-	-	
Ga. Fla.	5 31	-	159	-	10	9 102	64 138	•	28 31	1	35	23	-	2	2
E.S. CENTRAL	18		60					_			52	43	•	3	8
Ky.	-	-	35	-	-	6	221 49	3	437 208	1	98 12	44 2	-	2	3
Tenn.		-	1	-	-	-	123	2	211	-	29	13	-	2	2 1
Ala. Miss.	10 8	-	24	-	-	4	35	1	15	1	53	22	-	-	
		-		-		2	14	N	N	-	4	7	-	-	-
W.S. CENTRAL Ark.	74 4	-	14	-	3 1	448	161 20	6	760	1	199	260	-	11	11
La.	11	-	-	-		-	47	2	99 283	1	23 17	12 48	-	4	2
Okla.	10	-	8	-	-	4	18	-	196	-	61	149	-	1	5
Tex.	49	•	6	-	2	444	76	4	182	-	98	51	-	6	4
MOUNTAIN Mont.	40 5	-	117 5	-	32	496	68	4	191	15	697	186	-	6	24
idaho	2	-	-	-	30 1	128	2 8	1	2	4	2 314	6	-	-	8
Wyo.	-	-	-	-		2	-		3	•	2	62 5		-	1
Colo.	14	-	112	-	1	. 9	18		31	-	29	61	_	2	
N. Mex. Ariz.	2 11	-		-	-	317 36	11 18	N 2	N 120	•	51	11	-	-	-
Utah	4	-	-		-	1	9	-	129 7	11	272 26	33 8	-	3	4 10
Nev.	2	•	-	-	-	3	2	1	15	-	1	-	-	1	
PACIFIC	333	17	598	-	46	937	657	10	508	9	450	595	_	92	209
Wash.	20	-	7	-	-	44	61	1	50	-	105	91	-	-	2
Oreg. Calif.	13 287	17	6 581		2 36	97 791	39 534	N 9	N 418	9	45	70	-	-:	2
Alaska	3		1	-	-	1	6	-	13	9	245 7	209 6	-	64	133 2
Hawaii	10	•	3	-	8	4	17	-	16	-	48	219	-	28	70
Guam	-		-		1	2			2	-			-	1	1
P.R.	2	-	190	-	-	763	9	-	9	-	15	16	-	3	3
V.I. Amer. Samoa	-	-	:	:	-	1	2	-	31 3	-	-	-	-	-	1
C.N.M.I.	1	-		-	-		1		2	-	:	-	-	- :	:
							•		-		_	-	-	-	-

\*For measles only, imported cases includes both out-of-state and international importations.

N: Not notifiable U: Unavailable †International \*Out-of-state

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending November 5, 1988 and November 7, 1987 (44th Week)

	Syphilis	(Civilian)	Toxic- shock	I	culosis	Tula- remia	Typhoid Fever	Typhus Fever (Tick-borne)	Rabies, Animal
Reporting Area	Cum. 1988	Cum. 1987	Syndrome Cum. 1988	Cum. 1988	Cum. 1987	Cum. 1988	Cum. 1988	(RMSF) Cum. 1988	Cum. 1988
UNITED STATES	34,177	29,989	296	17,922	17,949	165	322	588	3,657
NEW ENGLAND	991	534	21	468	542	4	33	12	15
Maine N.H.	12 6	1 3	4 4	22 8	22 18	-	-	-	1 5
Vt.	3	2	2	4	12	-	1	7	-
Mass. R.I.	366 30	254 10	9	273 36	302 52	3	20 5	2	-
Conn.	574	264	2	125	136	1	7	3	9
MID. ATLANTIC	8,235	5,614	45	3,637 476	3,206 427	-	65 13	18 11	399 43
Upstate N.Y. N.Y. City	501 5,771	221 4,171	21 6	2,023	1,542	-	39	6	43
N.J. Pa.	811	597 625	3 15	548 590	574 663	-	11 2	1	13 343
E.N. CENTRAL	1,152 1,006	767	43	1,986	1,999	1	29	42	135
Ohio	1,006 89	90	43 29	380	365		29 7	30	5
Ind.	47	53	1	197	196	-	2	2 7	28
III. Mich.	459 385	401 170	1 12	858 460	894 457	1	14 4	2	29 34
Wis.	26	53	-	91	87	-	2	1	39
W.N. CENTRAL	205	157	40	452	513	74	4	90	405
Minn. Iowa	17 20	17 25	5 7	76 49	99 35	3	2	2	116 13
Mo.	133	72	10	221	279	45	2	54	20
N. Dak. S. Dak.	1	1 11	3 4	15 31	10 23	1 16		7	95 112
Nebr.	28	11	4	13	24	2	-	1	17
Kans.	6	20	7	47	43	7	-	26	32
S. ATLANTIC Del.	12,158 91	10,340 64	18 1	3,792 36	3,844 36	5 2	35	197 1	1,249 55
Md.	593	535	3	364	334	-	2	22	285
D.C. Va.	598 368	340 279	-	169 351	135 376	2	1 12	17	8 309
wa. W. Va.	350 35	12	-	66	85	-	1	2	87
N.C.	693	606	8	409	448	-	1	107 22	8
S.C. Ga.	639 2,172	645 1,441	3	404 615	395 678	1	5	23	110 257
Fla.	6,969	6,418	3	1,378	1,357	-	13	3	130
E.S. CENTRAL	1,695	1,630	23 9	1,482	1,609	11 5	3	84 29	264
Ky. Tenn.	56 735	20 639	9 10	316 452	371 468	5	1	29 37	107 69
Ala.	484	428	3	446	473	-	1	9	83
Miss.	420	543	1	268	297	1	1	9	5
W.S. CENTRAL Ark.	3,708 204	3,754 221	28 2	2,282 259	2,104 256	51 32	8 -	129 25	477 79
La.	725	691	-	285	235	-	4	2	10
Okla. Tex.	131 2,648	150 2,692	9 17	209 1,529	202 1,411	16 3	4	87 15	30 358
MOUNTAIN	728	601	35	478	540	11	9	11	335
Mont.	3	9	-	19	13	-	ĭ	6	184
Idaho Wyo.	3 1	5 3	5	19 5	28 2	2	•	1 3	11 37
Colo.	88	106	3	57	133	5	3	ĭ	28
N. Mex. Ariz.	46 142	50 264	2	89 206	85 226	2 1	1 4	-	11
Utah	142	22	16 9	29	24	i	-		39 9
Nev.	431	142	-	54	29	-	-	-	16
PACIFIC Wash.	5,451 178	6,592 133	43 6	3,345	3,592 208	8 1	136	5	378
oreg.	258	133 260	1	192 128	208 103	1	13 7	1 1	
Calif.	4,974	6,182	35	2,850	3,057	4	113	3	366
Alaska Hawaii	14 27	4 13	1	40 135	52 172	2	3	-	12
Guam	3	2		21	26	-	•	-	_
P.R.	589	804	- •	194	265	-	5	-	62
V.I. Amer. Samoa	1	9	-	6 3	2 8	-	1	-	-
C.N.M.I.	1	-	-	17	-	-	:		-

TABLE IV. Deaths in 121 U.S. cities,\* week ending November 5, 1988 (44th Week)

	r						All Causes, By Age (Years)								
Donostina Asso		All Cau	ıses, B	y Age	(Years)		P&I**	Danastia a Assa	All Causes, By Age (Years)						
Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Total	Reporting Area	Ali Ages	≥65	45-64	25-44	1-24	<1	Total
NEW ENGLAND	662	454	118	54	13	23 7	38	S. ATLANTIC	1,379	845	291	146	44	52	49
Boston, Mass. Bridgeport, Conn.	160 45	96 32	36 10	16 1	5	2	15	Atlanta, Ga.	158	91	30	24	6	7	.3
Cambridge, Mass.	17	14	2	i		-	1	Baltimore, Md. Charlotte, N.C.	319 86	200 50	70 27	28 5	11 2	10 2	14 10
Fall River, Mass.	32	25	6	_ 1	-	:	-	Jacksonville, Fla.	142	86	40	9	4	3	1
Hartford, Conn. Lowell, Mass.	78 24	40 20	17 1	14 2	2	5 1	2 1	Miami, Fla.	107	50	21	26	4	6	:
Lynn, Mass.	14	12	ż	-	-	:	- :	Norfolk, Va. Richmond, Va.	57 92	32 57	13 22	4 7	1 4	7 2	1 7
New Bedford, Mass.	27	20	5	1	1	:	2	Savannah, Ga.	51	37	5	7	ī	ī	2
New Haven, Conn. Providence, R.I.	51 48	36 34	6 6	5 5	2	2	5	St. Petersburg, Fla.	66	52	6	2	1	5	-
Somerville, Mass.	8	7	ĭ		-		1	Tampa, Fla. Washington, D.C.	73 193	49 112	11 43	4 27	5 5	3 6	7
Springfield, Mass.	51	33	13	2	2	1	5	Wilmington, Del.	35	29	3	3	·	-	ž
Waterbury, Conn. Worcester, Mass.	38 69	32 53	3 10	3 3	1	2	4 2	E.S. CENTRAL	773	482	174	59	30	28	48
		1,835	514	243	69	69	154	Birmingham, Ala.	121	76	22	9	5	9	3
Albany, N.Y.	52 52	36	9	3	2	2	154	Chattanooga, Tenn. Knoxville, Tenn.	64 96	45 65	14 19	4	1 4	4	7
Allentown, Pa.	21	15	4	-	2	-	-	Louisville, Ky.	91	57	22	5	2	5	6
Buffalo, N.Y. Camden, N.J.	125 46	91 30	20 10	8 3	4	2	13	Memphis, Tenn.	161	96	36	13	11	5	12
Elizabeth, N.J.	22	15	6	-	<u>'</u>	1	3	Mobile, Ala. Montgomery, Ala.	48 44	28 33	7 9	9 1	1	3	3
Erie, Pa.†	59	46	9	1	2	1	8	Nashville, Tenn.	148	82	45	14	1 5	2	5
Jersey City, N.J.	66	46	9	6	2	3	-1		1,654	1,022	366	157	55	53	50
N.Y. City, N.Y. 1 Newark, N.J.	1,325 68	842 33	263 12	161 14	37 5	22 2	52 7	Austin, Tex.	51	33	10	6	1	1	3
Paterson, N.J.	32	21	4	1	-	6	2	Baton Rouge, La.	33	20	5	6	1	1	1
Philadelphia, Pa.	388	249	87	26	10	16	21	Corpus Christi, Tex.§ Dallas, Tex.	48 199	37 118	10 37	1 27	6	11	1
Pittsburgh, Pa.† Reading, Pa.	79 33	53 27	18 5	4	1	3	6	El Paso, Tex.	65	43	14	1	4	3	ż
Rochester, N.Y.	117	94	16	5	-	2	13 l	Fort Worth, Tex	83	55	18	5	.1	4	6
Schenectady, N.Y.	55	47 21	5 2	2	1	-		Houston, Tex.§ Little Rock, Ark.	735 86	437 52	169 22	89 3	24 3	16 5	18 4
Scranton, Pa.† Syracuse, N.Y.	25 117	92	18	4	1	1	12	New Orleans, La.	68	35	20	7	5	ĭ	-
Trenton, N.J.	49	32	12	2	-	3	4	San Antonio, Tex.	156	107	32	6	4	7	7
Utica, N.Y.	31	24	4	2	1	-	اۃ	Shreveport, La. Tulsa, Okla.	43 87	27 58	7 22	4	5 1	4	3 4
Yonkers, N.Y.	22	21	1			-	2	MOUNTAIN	700	451	126	58	35	29	33
E.N. CENTRAL 2 Akron, Ohio	2,239 63	1,501 52	466 6	151 2	49 1	71 2	98	Albuquerque, N. Mex		58	9	11	14	1	4
Canton, Ohio	22	16	5	í	-	-	1	Colo. Springs, Colo.	42	24	10	4	2	1	6
Chicago, III.§	564	362	125	45	10	22	16	Denver, Colo.	128 115	92 75	19 24	7 9	4	6 3	5 7
Cincinnati, Ohio Cleveland, Ohio	141 174	95 105	26 45	11 13	1 5	8 6	16 3	Las Vegas, Nev. Ogden, Utah	16	12	24	1	1	-	2
Columbus, Ohio	84	57	18	6	ĭ	2		Phoenix, Ariz.	134	75	28	16	5	10	2
Dayton, Ohio	142	103	24	7	3	5	4	Pueblo, Colo. Salt Lake City, Utah	28 32	23 18	5 7	2	2	3	3
Detroit, Mich. Evansville, Ind.	260 20	148 13	55 6	28 1	13	16	5 1	Tucson, Ariz.	112	74	22	8	3	5	4
Fort Wayne, Ind.	60	41	16	3	-	-	6		1,818	1,152	348	202	64	46	124
Gary, Ind.	18	11	7	•	-	-	-	Berkeley, Calif.	13	11	1	1	-	-	2
Grand Rapids, Mich. Indianapolis, Ind.	48 156	35 113	9 30	2 8	2 1	4	4 5	Fresno, Calif.	83	53	16	8	3	3	5
Madison, Wis.	35	23	6	2	3	-	5	Glendale, Calif. Honolulu, Hawaii	6 63	6 50	9	2	1	1	11
Milwaukee, Wis.	154	116	25	8	3	2	11	Long Beach, Calif.	88	63	15	6	1	2 7	15
Peoria, III. Rockford, III.	47 40	37 26	8 9	1	2	1	3	Los Angeles Calif.	475	290	98	51	24	7	21
South Bend, Ind.	28	23	3	2 1	1		2	Oakland, Calif. Pasadena, Calif.	66 32	41 22	12 6	9 1	1	4	5 2
Toledo, Ohio	114	71	32	7	2	2	11	Portland, Oreg.	141	81	34	17	5	2	4
Youngstown, Ohio	69	54	11	3	1	-	1	Sacramento, Čalif.	142	99	21	11	7	4	12
W.N. CENTRAL	894	635	146	55	27	31	30	San Diego, Calif. San Francisco, Calif.	125 152	85 81	20 31	13 32	4	3 4	14 3
Des Moines, Iowa Duluth, Minn.	74 25	57 22	12 1	2	2	1	3	San Francisco, Calif.	167	109	38	12	4	4	16
Kansas City, Kans.	38	24	11	1	1	1	-	Seattle, Wash.	159	85	29	32	9	4	3
Kansas City, Mo.	104	77	16	7	3	1	6	Spokane, Wash.	66	46	9	7	:	4	7 4
Lincoln, Nebr. Minneapolis, Minn.	31 246	21 169	4 39	2	1	3	-	Tacoma, Wash.	40	30	9		1		
Omaha, Nebr.	108	71	22	21 4	5 5	12 6	12 5	TOTAL	12,851 <sup>†</sup>	8,377	2,549	1,125	386	402	624
St. Louis, Mo.	143	98	18	14	9	4	-	!							
St. Paul, Minn.	54 71	42 54	9 14	2	-	1	1	<b>,</b>							
Wichita, Kans.§	<i>,</i> ,	54	14	1	1	1	3								

<sup>\*</sup>Mortality data in this table are voluntarily reported from 121 cities in the United states, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

<sup>\*\*</sup>Pneumonia and influenza.

Thecause of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks. The counts includes unknown ages.

SData not available. Figures are estimates based on average of past available 4 weeks.

## Renal Agenesis - Continued

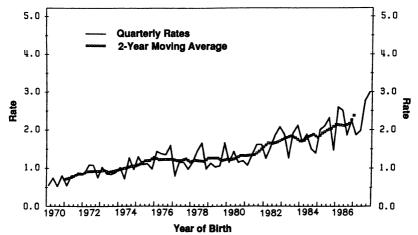
agenic and one dysgenic kidney remained constant; 3) the annual frequency of unilateral renal agenesis varied, although the number of infants with this diagnosis was small, and most cases were found incidentally during autopsy; and 4) the incidence of bilateral renal dysgenesis increased 10-fold from 0.03 per 10,000 births in 1970 to 0.33 per 10,000 births in 1983.

These findings suggest that the reported increase in kidney anomalies coded as 753.0 was not due primarily to increased incidence in renal agenesis but to increases in other renal anomalies, including renal dysgenesis. Because renal dysgenesis was not specifically listed under ICD code 753.0 before 1980, it may have been coded under cystic kidney disease (ICD 753.1). Consequently, to determine whether coding practice alone might account for the increase in renal dysgenesis, statistical data for cystic kidney disease were also examined. This examination revealed that before 1980, the reported prevalence of cystic kidney disease (753.1) was decreasing, while the reported prevalence of renal agenesis (753.0) increased. In addition, during 1980–1983, prevalence rates for both cystic kidney disease (753.1) and renal agenesis and dysgenesis (753.0) increased. Data from the BDMP surveillance system also suggest that since 1980, the prevalence of congenital ureteral obstruction, a condition often associated with polycystic kidneys, has increased. Hence, the apparent increase in renal dysgenesis appears to be independent of changes in ICD revisions and coding practices.

Although data on birth defects from the MDHIS are available only since 1982, prevalence rates of renal agenesis reported through this system from 1982 through 1987 have increased slightly (Figure 2). For this same time period, average annual prevalence of reported cases of renal agenesis per 10,000 births was similar for both BDMP components: CPHA (1.9) and MDHIS (1.6). Stillbirths in the CPHA data partly account for the slightly higher rate reported by this system.

Reported by: Birth Defects and Genetic Diseases Br, Div of Birth Defects and Developmental Disabilities, Center for Environmental Health and Injury Control, CDC.

FIGURE 1. Trends in reported incidence of kidney defects coded as ICD 753.0\*, by quarter of birth — Birth Defects Monitoring Program/Commission on Professional and Hospital Activities, 1970–1987



<sup>\*</sup>Rates per 10,000 total births. (Numerator and denominator include stillbirths and live births.)

Renal Agenesis - Continued

Editorial Note: The BDMP provides medical information on about 1.3 million newborns per year, or 35% of U.S. births. Hospital discharge abstracts on these newborns are coded by hospital medical records personnel and submitted regularly to CPHA or MDHIS for processing. The major difference between the two systems is that stillbirths are included in the CPHA data but not in the MDHIS data.

CDC analyzes 161 birth defect categories to identify unusual trends and geographic differences within the CPHA and MDHIS data (1). Defects are usually reported 3–6 months after an affected infant's birth, and the data are reviewed four times a year. Although these data sources are not population-based and are not a random sample of U.S. births, they nevertheless represent the largest single set of uniformly collected and coded discharge data on birth defects among newborns in the United States.

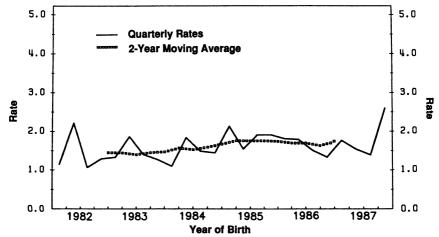
The number of cases of renal agenesis confirmed by clinical data appears to be relatively constant. However, the prevalence of a variety of other renal anomalies, including renal dysgenesis, although still rare, appears to be increasing. Renal anomalies, however, often occur along with other anomalies of the genital tract. Since renal dysgenesis may be a sentinel event, then an increase in this birth defect suggests that other, less severe genitourinary anomalies also may be increasing.

The BDMP will continue to monitor reports of renal agenesis and dysgenesis as well as other birth defects to detect changes in the prevalence of anomalies by geographic area. This monitoring will aid in identifying and eliminating causes of congenital malformations.

# Reference

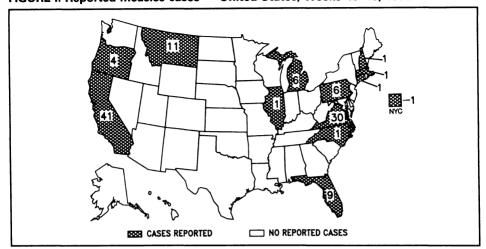
 CDC. Congenital malformations surveillance, January 1982—December 1985. Atlanta: US Department of Health and Human Services, Public Health Service, March 1988.

FIGURE 2. Trends in reported incidence of kidney defects coded as ICD 753.0\*, by quarter of birth — Birth Defects Monitoring Program/McDonnell Douglas Health Information System, 1982–1987



<sup>\*</sup>Rates per 10,000 births. (Numerator and denominator include only live births.)

FIGURE I. Reported measles cases - United States, Weeks 40-43, 1988



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The data in this report are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday. The editor welcomes accounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Such reports and any other matters pertaining to editorial or other textual considerations should be addressed to: Editor, Morbidity and Mortality Weekly Report, Centers for Disease Control, Atlanta, Georgia 30333.

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